



College of Veterinarians of British Columbia

COUNCIL MEETING

By videoconference
Friday, July 10, 2026

Minutes of the Open Meeting

Council Members: Dr. Jane Pritchard (President), Dr. Gigi Lin (Vice-President), Dr. Kirsten Riphagen (Treasurer), Ms. Raminder Pooni, Dr. Raminder Kang (joined at 10:09), Mr. Wes Shoemaker, Dr. Douglas Casey, Mr. Dale Safinuk

Regrets: Dr. Robert McLeod

Staff: Ms. Christine Arnold (Registrar & CEO), and Ms. Rosalee Magcalas (Executive Assistant)

1. CALL TO ORDER

The meeting was called to order by Dr. Pritchard at 10:04 a.m.

A member of the public attended and observed the meeting by phone.

2. ROUTINE PRELIMINARY BUSINESS

2.1. Territorial Acknowledgement

Council would like to respectfully acknowledge that we work and live on the traditional ancestral and unceded lands of the Coast Salish, Squamish, Sechelt, Musqueam and Tsleil-Waututh nations and we acknowledge all other first nations in British Columbia.

2.2 Approval of the Open Agenda

MOTION: THAT the Agenda be approved with the power to add.

MOVED/SECONDED

CARRIED

2.3 President's Remarks

Raminder Kang joined at 10:09 a.m.

2.4. Approval of Consent Agenda

MOTION: THAT the Open Consent Agenda be approved as presented with item 2.5.

MOVED/SECONDED

CARRIED

2.5. Minutes of March 20, 2026 Open Council Meeting

MOTION: THAT the Minutes of the May 15th, 2026 Open Council meeting be approved as distributed.

MOVED/SECONDED

CARRIED

Direction: To post the approved May 15, 2026 open meeting minutes.

Introduction of new public council member.

3. ITEMS REQUIRING COUNCIL ACTION/DECISION/DISCUSSION

3.1. Update from the BCVTA (Verbal)

Presented by the BCVTA Liaison for information.

3.2. Registration Committee Appointments

Presented by the Registrar for discussion and decision.

An expression of interest for appointment to the Registration Committee was submitted by Dr. Terry Chatton, DVM. Dr. Chatton's qualifications and suitability for the appointment were considered by Council. Questions were asked and answered.

MOTION: TO appoint Dr. Terry Chatton, DVM to the Registration Committee effective July 10, 2026.

MOVED/SECONDED

CARRIED

An expression of interest for appointment to the Registration Committee was submitted by Ms. Alison Paine. Ms. Paine's qualifications and suitability for the appointment were considered by Council. Questions were asked and answered.

MOTION: TO appoint Ms. Alison Paine to the Registration Committee effective July 10, 2026.

MOVED/SECONDED

CARRIED

3.3. Continuing Competence Committee Appointments

Presented by the Registrar for discussion and decision.

An expression of interest for reappointment to the Continuing Competence Committee was submitted by Dr. Rosamund Harrison. Dr. Harrison's qualifications and suitability for the reappointment were considered by Council. Questions were asked and answered.

MOTION: TO reappoint Dr. Rosamund Harrison to the Continuing Competence Committee effective July 10, 2026.

MOVED/SECONDED

CARRIED

An expression of interest for reappointment to the Continuing Competence Committee was submitted by Dr. Ellen Boyd, DVM. Dr. Boyd's qualifications and suitability for the reappointment were considered by Council. Questions were asked and answered.

MOTION: TO reappoint Dr. Ellen Boyd, DVM to the Continuing Competence Committee effective September 25, 2026.

MOVED/SECONDED

CARRIED

3.4. Investigation Committee Appointments

Presented by the Registrar for discussion and decision.

An expression of interest for appointment to the Investigation Committee was submitted by Dr. Michele Martin, DVM. Dr. Martin's qualifications and suitability for the appointment were considered by Council. Questions were asked and answered.

MOTION: TO appoint Dr. Michele Martin to the Investigation Committee effective July 10, 2026.

MOVED/SECONDED

CARRIED

An expression of interest for appointment to the Investigation Committee was submitted by Dr. Josh Waddington, DVM. Dr. Waddington's qualifications and suitability for the appointment were considered by Council. Questions were asked and answered.

MOTION: TO appoint Dr. Josh Waddington to the Investigation Committee effective July 10, 2026.

MOVED/SECONDED

CARRIED

3.5. Standards of Care and Public Education Initiative

Presented by Dr. Doug Casey for information and discussion.

See **Appendix 'A'** for Dr. Casey's presentation deck.

Council discussed Dr. Casey's presentation. Questions were asked and answered. Council agreed to continue discussions on the topics and initiatives raised in future Council meetings.

4. ADJOURNMENT

4.1. Next Meeting Date

Next scheduled Council meeting, Friday, September 11th, 2026, by videoconference.

MOTION: THAT the Open meeting be closed at _12:42_ p.m.

MOVED/SECONDED

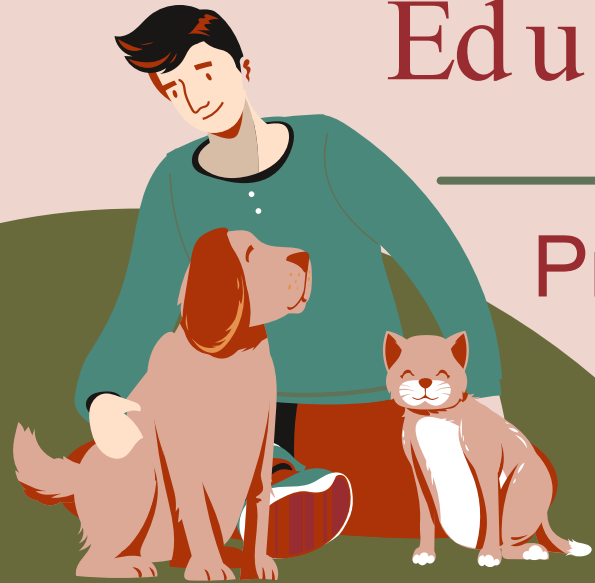
CARRIED

Council broke for lunch to return at 1:30 p.m.



CVBC Standards of Care & Public Education Initiative

Presentation to Council



Why This Matters

- Supports evidence-based veterinary practice
- Improves public access to reliable pet health information
- Promotes informed decision-making by pet owners
 - Advances the CVBC public Protection mandate



Benefits to the Public

- Links to trusted veterinary educational resources
- Improves understanding of common diseases and treatments
- Better communication with veterinarians
- More informed pet healthcare advocates



Benefits for Registrants

- Access to consensus statements and clinical guidelines
- Evidence-based professional resources
- Support continuing professional development
- Encourage consistency in clinical practice



Regulatory & Strategic Benefits

- Objective references for evaluating clinical care
- Greater consistency in complaint reviews
- Improved efficiency in investigations
- Opportunity for CVBC leadership in veterinary regulation





How This Would Work

The CVBC website would provide links to trusted, evidence -based veterinary resources designed for pet owners

One example is Veterinary Partner, a public education resource developed and maintained by the Veterinary Information Network (VIN)



VIN is a subscription-based professional network used by veterinarians throughout the world. Its public educational content, veterinarypartner.com is written and reviewed by veterinary professionals and is designed to help pet owners better understand common diseases, diagnostic procedures, and treatment options



Importantly, VIN operates independently and does not rely on commercial advertising within its educational content.



This helps ensure that the information provided is focused on veterinary science and patient care rather than commercial interests.



By directing the public to trusted resources such as Veterinary Partner, the CVBC can help pet owners access reliable information and become informed advocates for their animals' health and welfare.

So, lets see how this would hypothetical pan out:

- Client A goes to the veterinary hospital for their yearly check up.
- Vet says your dog has a murmur, it is most likely mitral valve disease and we should do chest x-rays and possible an echocardiogram.
- Client A goes home and tells her partner that Rex has a heart murmur and the vet wants to do tests.



Partner asks:

- What's is a heart murmur?
- What is Mitral valve disease?
- Client A goes to the CVBC website and sees the link to [veterinarypartner.com](https://veterinarypartner.com, and they type into the search bar: Heart Murmur), and they type into the search bar: Heart Murmur
- <https://veterinarypartner.vin.com/default.aspx?cid=39&id=4952593&sx=318420090&n=1>



Now they can type in Mitral Valve Disease

- <https://veterinarypartner.vin.com/default.aspx?pid=19239&id=8526511&sx=318420889&n=1>



So, what about the registrants ?

On the website we have a folder titled Heart disease and we have the following:

ted to the *Journal of Veterinary Internal Medicine*, where it is edited prior to publication. The authors are solely responsible for the content of the statements.

ACVIM consensus guidelines for the diagnosis and treatment of myxomatous mitral valve disease in dogs

Bruce W. Keene¹ | Clarke E. Atkins¹ | John D. Bonagura^{1,2} | Philip R. Fox³ |
Jens Häggström⁴ | Virginia Luis Fuentes⁵ | Mark A. Oyama⁶ | John E. Rush⁷ |
Rebecca Stepien⁸ | Masami Uechi⁹

¹Department of Clinical Sciences, College of Veterinary Medicine, North Carolina State University, Raleigh, North Carolina

²Department of Veterinary Clinical Sciences, The Ohio State University, Columbus, Ohio

³The Elmer and Mamdouha Bobst Hospital, The Animal Medical Center, New York, New York

⁴Department of Clinical Sciences, Swedish University of Agricultural Sciences, Uppsala, Sweden

⁵Department of Clinical Science and Services, Royal Veterinary College, London, United Kingdom

⁶Department of Clinical Sciences and Advanced Medicine, University of Pennsylvania, Philadelphia, Pennsylvania

⁷Department of Clinical Sciences, Cummings School of Veterinary Medicine, Tufts University, North Grafton, Massachusetts

⁸Department of Medical Sciences, University of Wisconsin, Madison, Wisconsin

⁹Jasmine Veterinary Cardiovascular Medical Center, Yokohama, Japan

Abstract

This report, issued by the ACVIM Specialty of Cardiology consensus panel, revises guidelines for the diagnosis and treatment of myxomatous mitral valve disease (MMVD, also known as endocardiosis and degenerative or chronic valvular heart disease) in dogs, originally published in 2009. Updates were made to diagnostic, as well as medical, surgical, and dietary treatment recommendations. The strength of these recommendations was based on both the quantity and quality of available evidence supporting diagnostic and therapeutic decisions. Management of MMVD before the onset of clinical signs of heart failure has changed substantially compared with the 2009 guidelines, and new strategies to diagnose and treat advanced heart failure and pulmonary hypertension are reviewed.

KEY WORDS

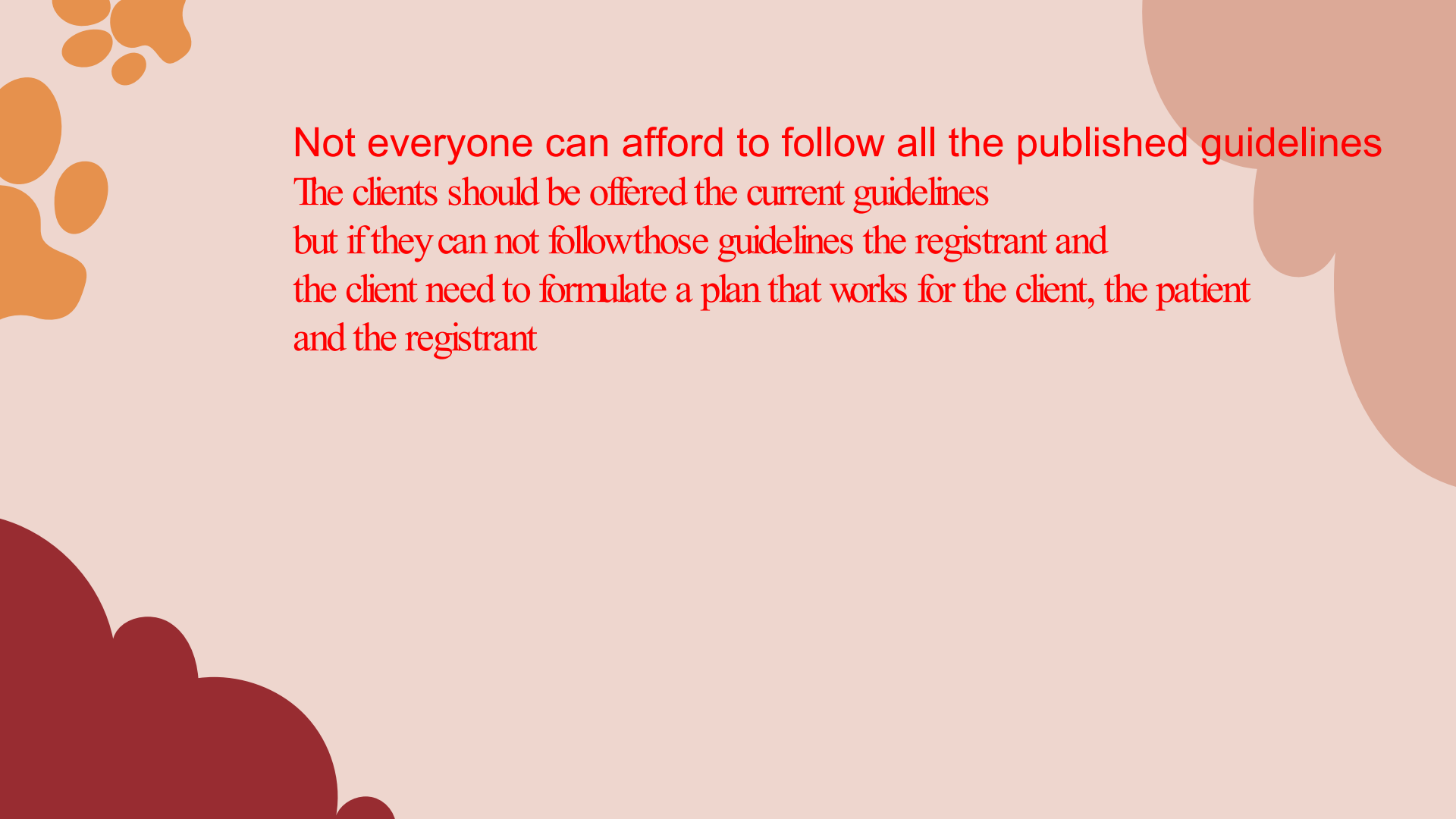
canine, congestive heart failure, evidence-based treatment, mitral

If some registrants find this article too difficult to understand, then we have multiple links to enable the registrants to develop a true understanding of mitral valve disease.

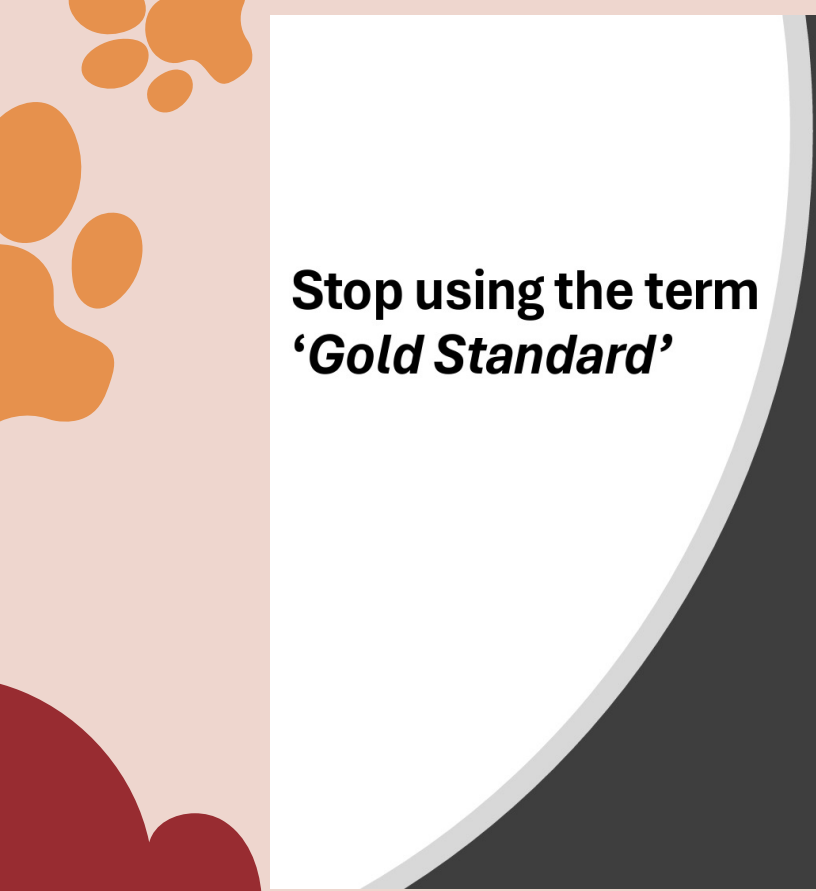
<https://cardiaceducationgroup.org/resource-list/the-abcds-of-cardiology/>

And even a podcast

<https://www.cliniciansbrief.com/article/podcast-myxomatous-mitral-valve-disease-progression-with-dr-defrancesco-dr-bonagura>



Not everyone can afford to follow all the published guidelines
The clients should be offered the current guidelines
but if they can not follow those guidelines the registrant and
the client need to formulate a plan that works for the client, the patient
and the registrant



Stop using the term '*Gold Standard*'

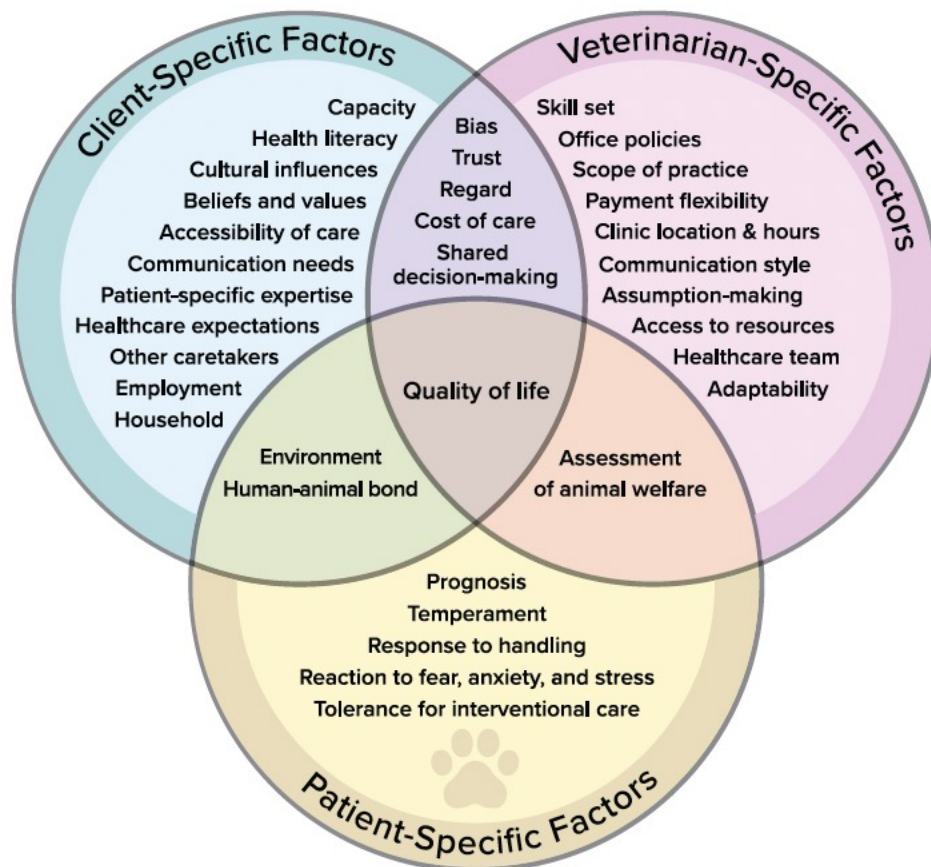
Judgmental language, implies that other treatment options are substandard

- Most (medically) aggressive
- May be logistically challenging
- May be the most expensive

Ways to reframe how to talk about a range of options that fits the context of a particular animal and their people

Englar RE. (2023)

Spectrum of Care



WHAT IS SPECTRUM OF CARE?

- **Spectrum of Care (SOC)** refers to the wide range of care options veterinarians can provide
- **Practising across the SOC** involves offering a range of care options tailored to clients' and patients' unique circumstances while considering available evidence
- **SOC pedagogy** refers to how veterinary educators prepare students to practise across this spectrum

What is contextualised care?

Contextualised veterinary care describes an approach that is intentionally shaped by the aims, knowledge, experiences and circumstances of individual animal caregivers and veterinary professionals, acknowledging the wider contexts of each clinical encounter, to deliver the most appropriate welfare-focused care for every animal. (Skipper et al., 2024)

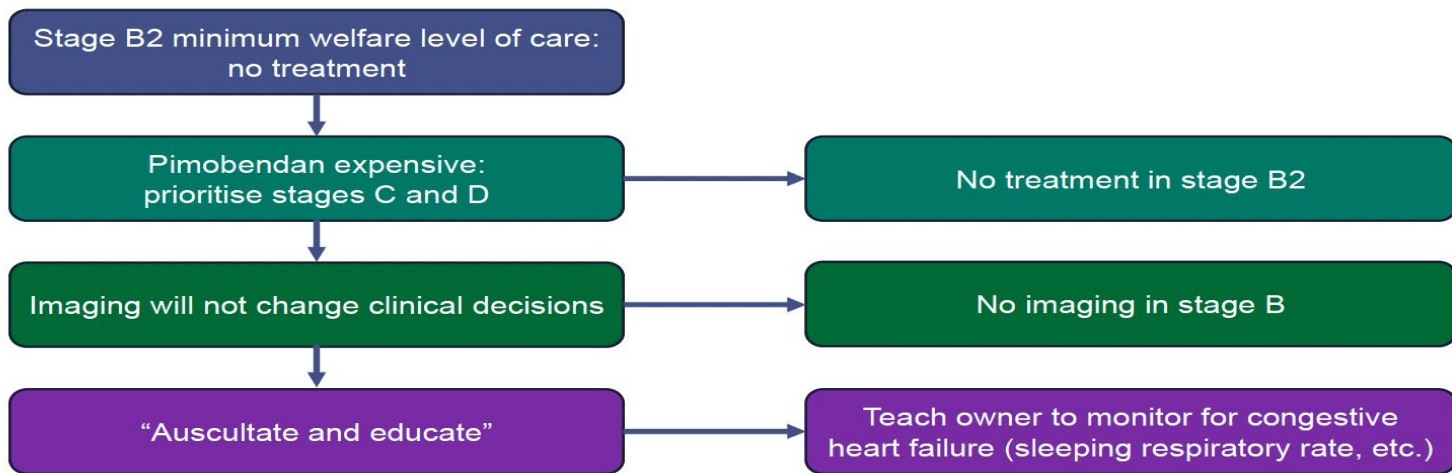


Minimum standard of care

- 
- Likely to improve outcome
 - Animal is not suffering
 - First do no harm
 - Supported by available evidence
 - Dynamic and evolving
 - Importance of **informed consent**

Venit, Informed consent plays an important role when practicing veterinary medicine along the spectrum of care.
JAVMA, 2025

What we learned: the UK Blue Cross perspective



How do we protect the public?

As a regulatory body, our mandate is public protection. We can strengthen that protection in two complementary ways:

1. Empower the Public

Provide pet owners with access to reliable, evidence veterinary information so they can become informed advocates for their animals' health and welfare.

-based

An educated pet owner is better equipped to:

- Understand diagnoses and treatment recommendations.
- Participate in medical decision - making.
- Recognize the importance of follow - up care.
- Work collaboratively with their veterinary team.

How do we protect the public?

2. Support Excellence in Veterinary Practice

Provide registrants with easy access to current consensus statements, clinical guidelines, and educational resources that support evidence-based medicine.

This helps:

- Promote consistent standards of practice.
- Encourage lifelong learning and professional development.
- Improve clinical decision-making.
- Advance animal welfare throughout British Columbia.

Together, these initiatives strengthen public confidence in the veterinary profession while supporting the highest quality of care for animals.



A Practical and Cost - Effective Initiative

One of the greatest strengths of this proposal is that it can be implemented with minimal cost to the CVBC. With our existing website infrastructure and our new webmaster, the development and maintenance of this resource would be straightforward. The initiative would leverage resources that already exist, including:

- Veterinary-approved public education websites for pet owners.
- Open-access consensus statements and clinical guidelines
- Continuing education resources developed by recognized experts and organizations



An Opportunity for Leadership

To my knowledge, no veterinary regulatory body in North America currently provides registrants and the public with a centralized repository of evidence-based clinical guidelines, consensus statements, and educational resources.

This proposal presents an opportunity for the CVBC to become a leader in veterinary regulation, public education, and professional development.



Why This Matters

When a complaint is received, the College undertakes a thorough investigation and review process.

Decisions are made by committees that draw upon professional expertise, ethical principles, and the facts of each case.

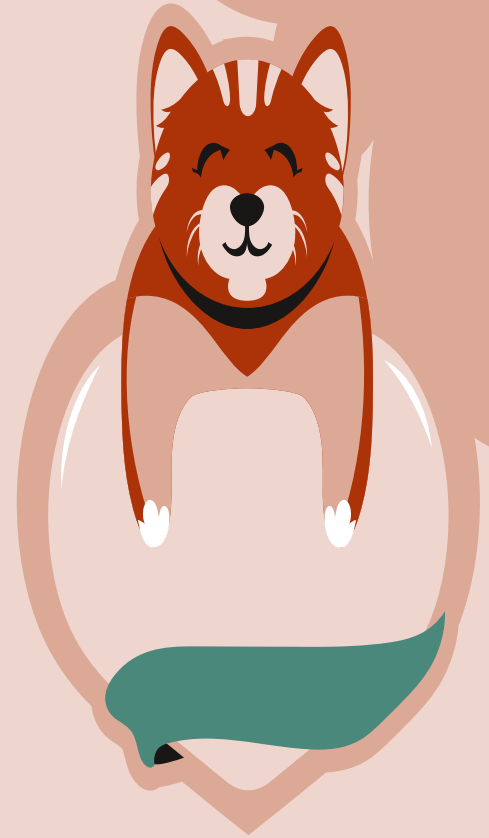
However, veterinary medicine regulatory bodies do not have universally published standards of care for many common diseases and conditions.

As a result, committees may have limited access to objective, readily available clinical references when evaluating whether care was consistent with current professional expectations.

By providing registrants with access to published consensus statements, clinical guidelines, and other evidence-based resources, the CVBC can promote greater consistency in clinical practice across British Columbia

Benefits of a Guideline -Based Approach

- Encourages evidence -based decision -making.
 - Supports continuing professional development.
 - Promotes consistency in patient care.
 - Improves transparency and accountability.
 - Strengthens public confidence in the profession.
- Advances animal welfare outcomes.



Trusted Resources for Pet Owners:

CVBC website links to reliable veterinary education resources. Example: Veterinary Partner (Veterinary Information Network).

- Content created and reviewed by veterinary professionals.
- Covers common diseases, diagnostics, and treatment options.
- Supports informed pet owners and better veterinary-client communication.



Almost 25 years ago the Swedish Veterinary Association published antibiotic guidelines.

They were a leader in seeing antibiotic resistance in people and animals.



Swedish Veterinary Association

Guidelines for the clinical use of antibiotics in the treatment of dogs and cats

Original version 2002. Revised November 2009

Translated by Samantha Rutherford Lörstad august 2010. In connection with the translation into English some additional comments have been added in the dermatology section to cover existing conditions outside Sweden

TABLE OF CONTENTS

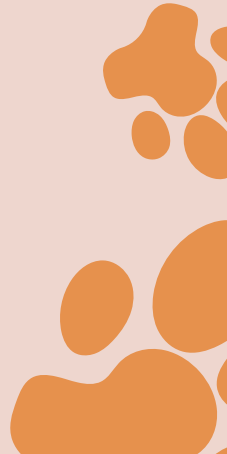
1. ANTIBIOTIC POLICY
2. THE PERIOPERATIVE USE OF ANTIBIOTICS
 - GENERAL PRINCIPLES FOR THE USE OF PROPHYLAXIS AGAINST INFECTIONS
 - GENERAL GUIDELINES FOR THE USE OF ANTIBIOTIC TREATMENT IN CONNECTION WITH SURGICAL PROCEDURES
 - LOCAL REGULATIONS ON PERIOPERATIVE ANTIBIOTIC USE
3. GUIDELINES FOR TREATMENT
 - SKIN

Recommendations



- Develop a centralized resource hub on the CVBC website.
- Utilize existing open -access veterinary resources.
- Implement with minimal infrastructure costs.

I ask Council to give approval to proceed with this development and implementation of this public education and professional development for the registrants.





Thanks

CREDITS: This presentation template was created by **Slidesgo**, and includes icons by **Flaticon** and infographics & images by **Freepik**

